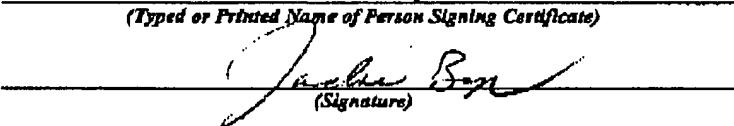


CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)				Docket No. RD29180-2
Applicant(s): John Bradford Reitz, et al.				
Application No. 10/063,398	Filing Date 04/18/2002	Examiner David P. Turocy	Group Art Unit 1762	
Invention: SPIN COATED MEDIA				
RECEIVED CENTRAL FAX CENTER				
NOV 07 2005				
<p>I hereby certify that this <u>Amendment Transmittal(1);Amendment(12)</u> <i>(Identify type of correspondence)</i> is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>(571) 273-8300</u> on <u>November 7, 2005</u> <i>(Date)</i></p>				
<p><u>Jackie Boya</u> <i>(Typed or Printed Name of Person Signing Certificate)</i></p>  <p><i>(Signature)</i></p>				
<p>Note: Each paper must have its own certificate of mailing.</p>				

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. RD29180-2	
Applicant(s): John Bradford Reitz, et al.						
Application No. 10/063,398	Filing Date 04/18/2002	Examiner David P. Turocy	Customer No. 23413	Group Art Unit 1762	Confirmation No. 7869	
Invention: SPIN COATED MEDIA						
COMMISSIONER FOR PATENTS:						
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	33 -	38 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	3 -	3 -	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<p><input checked="" type="checkbox"/> No additional fee is required for amendment.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____</p> <p><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 50-1131</p> <p><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p> <p><input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038.</p>						
<p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>						
 <i>Signature</i>						
Dated: November 7, 2005						
<p>Roberta L. Pelletier Registration No:46,372 Customer No: 23413 Telephone No: (860) 286-2929</p>						
<p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on <u>November 7, 2005 faxed</u>.</p> <p style="text-align: center;">(Date)</p>						
<i>Signature of Person Mailing Correspondence</i> Jackie Boya <i>Typed or Printed Name of Person Mailing Correspondence</i>						